

EMT-INSTRUCTOR RECERTIFICATION FORM

Virginia Department of Health - Office of Emergency Medical Services
109 Governor Street, Madison Bldg., Suite UB-55, Richmond, Virginia 23219

Certification # _____ EMT-I Expiration: ____/____
Month/Year

Name: _____

____ Address City/County State ZIP

Phone # - Home: () _____ Business: () _____

CONTINUING EDUCATION DOCUMENTATION

(Attach any certificates or other proof of attendance for these programs.)

COURSE TOPIC /SUBJECT	DATE ATTENDED	LOCATION ATTENDED	COURSE LENGTH	COURSE INSTRUCTOR

EMT-Instructors whose "Highest" provider certification level is **EMT-Basic**, should use this form **Only** to document attendance of Continuing Education(CE) programs attended for EMT-Instructor recertification which **Are Not Approved** for state EMS CE Credit.

(All programs attended which have *Approved* CE Course and Topic # should be submitted using CE scancards and provider level "F".)

____ Date signed: _____
(EMT-Instructor)

This form IS NOT necessary for EMT-Instructors who hold current state ALS certification at the time of EMT-Instructor recertification.